

**COUNTY OF FAIRFAX Department of Planning and Zoning Zoning Evaluation Division** 

12055 Government Center Parkway, Suite 801 Fairfax, VA 22035 (703) 324-1290, TTY 711 www.fairfaxcounty.gov/dpz/zoning/applications

APPLICATION No: SP2014-MV-196

RECEIVED Department of Planning & Zonino

JUL 1 6 2014

## APPLICATION FOR A SPECIAL PERMIT Zoning Evaluation Division

(PLEASE TYPE OF PRINT IN BLACK INK)	
	NAME Bruce and Pan Tinker
APPLICANT	MAILING ADDRESS 2502 Stone Hedge Orive, Alexandria, UA 22306 PHONE HOME (703) WORK (703)
	PHONE HOME (703) WORK (703) 795-3379
	PHONE MOBILE (703) 795-3379
	PROPERTY ADDRESS
	TAX MAP NO. SIZE (ACRES/SQ FT)
PROPERTY	1093-7-08-02-0002 10,132 soft
INFORMATION	093-3-08-02-0002       10,132 sqft         ZONING DISTRICT       MAGISTERIAL DISTRICT
	Calvert Park R-2 mount Vernon
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION:
	ZONING ORDINANCE SECTION
SPECIAL PERMIT	Section 8-922 8-914
REQUEST INFORMATION	TO PERMIT REDUCTION TO CERTAIN YARD REQUIREMENTS TO PERMIT CONSTRUCTION OF ADDITION 8.1 FT FROM SIDE LOT LINE AND 33.3 FT FROM FRONT LOT LINE AND TO PERMIT REDUCTION OF MINIMUM YARD REQUIREMENTS BASED ON ERRORS IN BUILDING LOCATIONS TO PERMIT ONE ACCESSORY STORAGE STRUCTURE 0.83 FT FROM SIDE LOT LINE AND 2.0 FT FROM REAR LOT LINE AND ANOTHER 2.3 FT FROM SIDE LOT LINE AND 3.3 FT FROM REAR LOT LINE
	NAME Rebecca Bostick, Architects, Inc
AGENT/CONTACT	NAME Rebecca Bostick, Architects, Inc MAILING ADDRESS 1819 Drury Lane, Suite 101, Alexandra VA 22307 PHONE NUMBER HOME WORK
INFORMATION	PHONE NUMBER HOME WORK 703 - 768 - 2250
	PHONE NUMBER MOBILE
MAILING	Send all correspondence to (check one): Applicant -or- Agent/Contact
The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject property as necessary to process the application.	
Pan Tinke	Bright P. Tille
TYPE/PRINT NAM	E OF APPLICANT/AGENT  SIGNATURE OF APPLICANT/AGENT
Leborale Leolos Empetor SP 2014-0381	

DO NOT WRITE IN THIS SPACE

Application Fee Paid: \$ 9/0,00 Date Application accepted: September 5, 2014